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Bib Data Sheet

CONFIRMATION NO. 8714

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|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/748,765 | <b>FILING OR 371(c)<br/>DATE</b><br>12/29/2003<br><b>RULE</b> | <b>CLASS</b><br>514 | <b>GROUP ART UNIT</b><br>1647 | <b>ATTORNEY DOCKET<br/>NO.</b><br>019856-000210US |
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## APPLICANTS

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*6/8/06*

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/437,650 01/02/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*cmw*  
*6/8/06*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

04/20/2004

|   |  |                               |                        |                       |                            |
|---|--|-------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><i>6/8/06</i> | STATE OR<br>COUNTRY<br>ISRAEL | SHEETS<br>DRAWING<br>2 | TOTAL<br>CLAIMS<br>28 | INDEPENDENT<br>CLAIMS<br>1 |
| Verified and Acknowledged                                   | Examiner's Signature <i>[Signature]</i> Initials <i>cmw</i>                          |                               |                        |                       |                            |

## ADDRESS

20350

## TITLE

Methods of treating and/or preventing autoimmune diseases

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|--|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>1044 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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